



State of Arizona
BOARD OF TECHNICAL REGISTRATION

1110 Washington * Suite 240 * Phoenix, Arizona 85007 * (602) 364-4930 * Fax: (602) 364-4931 * www.azbtr.gov

CERTIFICATE OF EXPERIENCE RECORD AND REFERENCE
ARCHITECT

Applicant Name _____

SECTION A
(to be completed by applicant)

Name, Address, and Telephone Number of Organization _____

Your Job Title _____

Supervisor/Reference Name and Job Title _____

If the name given above is other than an immediate supervisor, indicate below the professional relationship of the person you have chosen.

Co-Worker ☐ Client ☐ Other ☐ Explain: _____

DETAILED SUMMARY OF QUALIFYING EXPERIENCE

Note: The detailed summary should include a description of the projects you worked on when you were in responsible charge and a breakdown of time spent by category of experience. For a complete description of each category, reference R4-30-212. Attach additional pages if needed to adequately detail your experience. Note that within the categories identified, a maximum of 12 months experience can be obtained under a registrant in another profession, and a maximum of 12 months experience can be obtained teaching in a NAAB accredited program.

Employment Dates: From ____/____/____ To ____/____/____ Approximate Number of Hours Worked Weekly _____

Time Worked (in months)

Consultation____ Evaluation____ Site Design____ Building Design____ Construction Review (max. 12 mos.)____

Administration (max. 12 mos.)____ Editing/Writing (max. 6 mos.)____ Sub-professional Experience (max. 6 mos.)____

Total Time _____ months

Work Description:

I swear or affirm under penalty of law that the foregoing statements and supporting documentation are accurate, true and complete to the best of my knowledge. I understand that submitting a materially false statement in connection with an application may be grounds for denial of this application and/or referral for criminal prosecution.

Applicant's Signature _____ Date _____

Applicant Name _____

Applicant Name _____

SECTION B

(to be completed by supervisor/reference)

TO SUPERVISORS: The Board will rely on your answers to the questions below in determining whether or not this applicant should be issued a certificate to practice as a professional in Arizona. Please recognize the importance of this information and give due care to your responses. Use additional pages, if required.

TO REFERENCES: Please evaluate the qualifications of this applicant in the light of professional requirements. Please understand that, while an examination may determine an applicant's technical ability to do the standard task, it does not determine honesty, integrity, dependability, resourcefulness, judgement, ability to take responsible charge and other qualities and traits of character necessary in a competent and ethical professional. These characteristics show up in practice and are known only to the applicant's acquaintances and associates. Thank you for your help.

Your Name _____ Address _____

City, State, Zip _____ Telephone _____

Your job title at the time you supervised/knew the applicant _____

Have you personally supervised and examined the applicant's work? Yes ☐ No ☐Does the information presented by the applicant accurately reflect his/her experience? Yes ☐ No ☐
(If "No" or "Don't Know," please explain on a separate sheet.) Don't Know ☐

Give the last date you observed the applicant performing professional duties, either directly or indirectly.

Date _____ Directly ☐ Indirectly ☐

How long have you known this applicant? _____

Is this applicant related to you by blood or marriage? Yes ☐ No ☐

From your personal knowledge, your appraisal of the applicant would be:

| Rating Factors | Excellent | Very Good | Adequate | Below Par | Poor | Don't Know |
|------------------------|-----------|-----------|----------|-----------|------|------------|
| Quality of Work | | | | | | |
| Technical Knowledge | | | | | | |
| Professional Attitude | | | | | | |
| Professional Judgement | | | | | | |
| Character & Reputation | | | | | | |

REMARKS: _____

Do you believe the applicant is qualified for registration? Yes ☐ No ☐
(If you marked "No" or "Don't Know," please explain on a separate sheet.) Don't Know ☐

I swear or affirm under penalty of law that the foregoing statements and supporting documentation are true and correct to the best of my knowledge. I understand that submitting a materially false statement in connection with an application for registration is grounds for disciplinary action.

Signature _____ Date _____

Professional Registration _____ Registration# _____

Issue Date _____ State _____

Place imprint of seal in the space to the right.